

P 1400000 2715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

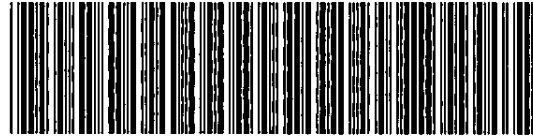
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2014

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Pizza Buffet inc  
Name of Corporation

DOCUMENT NUMBER: P14000002715

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOUSSEF GAMRAOUT  
Name of Contact Person

Pizza Buffet  
Firm/Company

5749 W IRLO Bronson memorial HWY  
Address

KISSIMMEE / FL / 34746  
City/State and Zip Code

YOUSSEF GAMRAOUT@aHoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOUSSEF GAMRAOUT at (407) 914 4278  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RIZZABUFFET, INC.
2. The principal office address: 5749 West IRLO Bronson memorial  
HWY Kissimmee FL 34746
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/09/2014 Document number: 914000002715
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GAMRAOUI YOUSSEF  
5749 West IRLO Bronson memorial HWY  
Kissimmee, FL 34746

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GAMRAOUI YOUSSEF  
1150 Lake Blanche Drive  
Aland, FL 32808

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Youssef  
Signature of an officer or director

YOUSSEF GAMRAOUI Owner  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Youssef  
Signature of Registered Agent

08-05-2014  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*